
The Association of Academic Health Sciences Libraries' collaboration with the Association of American Medical Colleges, Medical Library Association, and other organizations

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The Association of Academic Health Sciences Libraries has made collaboration with other organizations a fundamental success strategy throughout its twenty-five year history. From the beginning its relationships with Association of American Medical Colleges and with the Medical Library Association have shaped its mission and influenced its success at promoting academic health sciences libraries' roles in their institutions. This article describes and evaluates those relationships. It also describes evolving relationships with other organizations including the National Library of Medicine and the Association of Research Libraries.

INTRODUCTION

In many ways, the achievements of the Association of Academic Health Sciences Libraries (AAHSL) over its first twenty-five years of existence are nothing short of remarkable considering its small membership and budget. From its inception, AAHSL faced significant challenges. Not all academic health sciences library directors were convinced in 1978 of the efficacy of creating a new association to promote the common interests of their libraries, separate from the broader mission of the larger Medical Library Association (MLA). And the Association of American Medical Colleges (AAMC), with whom AAHSL sought to affiliate, had no means to accommodate a new organization that was not a scientific society. These challenges have been overcome, and AAHSL has succeeded as an independent association whose success is all the more notable because of the strong platform of collaboration with other organizations upon which it rests.

AAHSL's leaders expressed interest from the outset in collaboration with the AAMC as the means to in-

fluence improvements in medical education. While eventually achieving its initial goal of acceptance into the AAMC Council of Academic Societies, AAHSL has gone on to foster additional relationships with the AAMC organization where common interests are served in the areas of medical education, information technology and resources, and governmental relations. AAHSL's leadership also has consistently supported shared agendas with the Medical Library Association (MLA) and the National Library of Medicine (NLM). Within the past decade, AAHSL and the Association of Research Libraries (ARL) have joined forces to advance legislative interests, leadership development initiatives, and library assessment projects.

AAHSL has demonstrated successful collaboration with these and other agencies because of several key factors:

- it has credibility as the organization that speaks for academic health sciences libraries and their importance in academic health centers in the United States and Canada;
- it has a proven track record through high-impact

projects that have contributed to improved libraries, including developing planning and evaluation guidelines, assessing the value of libraries in the accreditation of medical schools, pursuing legislative advocacy, and publishing annual library statistics; and

- it actively seeks collaborative relationships that can help accomplish shared goals while maintaining its independent programs.

These factors were part of the original vision that guided AAHSL's founders, and these factors remain important today.

RELATIONSHIP WITH THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC)

The most significant evidence of AAHSL's success at collaboration is with the AAMC.

Council of Academic Societies (CAS) affiliation

One of the primary arguments for organizing a new association of academic health sciences library directors was to strengthen the libraries by increasing their participation in national efforts to improve medical education. The direct linkage with the AAMC was cast when the initial letters of invitation were sent to directors of the primary libraries serving U.S. medical schools that were members of the AAMC [1].

In its inaugural year, AAHSL's initial application for membership in AAMC's Council of Academic Societies (CAS) was not approved. While the vote was reported as "close," AAHSL as an interdisciplinary society did not fit the norm of societies representing basic sciences or clinical faculty. CAS had been created by the AAMC as a model to address faculty interests, so membership and programming were entirely based on a categorization into either the basic or clinical sciences. A decade would pass before the AAMC would formally recognize and specifically address the issue of interdisciplinary societies. CAS, the Council of Deans, and the Council of Teaching Hospitals and Health Systems, as the three official membership bodies in the AAMC governance structure, have significant influence on the AAMC agenda and program development. Acceptance by CAS remained an important goal.

CAS membership notwithstanding, AAHSL initiated annual meetings under the umbrella federation model supported by the AAMC annual meeting structure. Well-publicized, AAHSL-sponsored programs at the AAMC annual meetings focused on information issues and their relevance to medical education rather than library-centric issues. Program committees not only invited strong speakers with innovative program topics but also developed communications strategies to ensure that the target audiences did not overlook AAHSL-sponsored programs. An especially successful promotion strategy prior to each annual meeting was sending a special invitational mailing announcing the session program to all medical school deans and each school's representatives to the AAMC's Group on Educational Affairs.

In a decade, AAHSL had matured and emerged

from its status as a fledgling society to one with a recognized identity in the AAMC community. Nina Matheson, president of the association in its tenth anniversary year, described AAHSL as going "from a perceived need, to a strong . . . organization with worthwhile and significant purposes" [2]. Closing this decade of development, AAHSL once again completed its application for formal affiliation with CAS.

AAHSL's eleventh year was marked by two significant achievements in its relationship to the AAMC. First, on October 31, 1989, AAHSL was formally granted full membership in the CAS by the AAMC General Assembly. An interesting footnote to AAHSL's acceptance was a revision in the AAMC Bylaws that facilitated this acceptance. As noted in AAHSL's twelfth annual report, the AAMC cited AAHSL as an example of the need to revise its bylaws and specifically mentioned the criteria for membership in CAS, noting that "Although the group [AAHSL] is not an academic society in the traditional sense, the members have an important role in medical education, and many are involved in research and information science" [3]. This would not be the last time AAHSL and its members prompted the CAS to reconsider its view of academic societies.

In its second decade of existence, AAHSL found a way to have a voice in establishing the standards and updating the criteria by which member libraries were evaluated when their institutions were accredited. Specifically, through what must be viewed as carefully orchestrated steps in strategic leadership, AAHSL achieved unprecedented success in having the library portion of the Liaison Committee on Medical Education (LCME) Self Study Questionnaire and Database revised. In 1987, AAHSL published in partnership with the Medical Library Association *Challenge to Action: Planning and Evaluation Guidelines for Academic Health Sciences Libraries*. Recognizing that the *Guidelines* could not stand alone in promoting new standards of library excellence, the AAHSL Board established a Task Force to Review the LCME Accreditation Program for Medical School Libraries [4]. To begin an unsolicited process with the hope that LCME would adopt a revised set of self-study questions that AAHSL would propose proved to be a landmark, proactive move.

The task force designed and field-tested a revised survey instrument. But strategic leadership ultimately played a critical role in the success of this process. T. Mark Hodges, a member of the AAHSL Board, was able to intercede with his dean at Vanderbilt, John E. Chapman, M.D., to facilitate a meeting between the task force and the LCME secretaries. In 1989, AAHSL representatives met with LCME secretaries, Harry S. Jonas, M.D. (1989/90), and Donald G. Kassebaum, M.D. (1990/91), to present and discuss in detail the revised survey instrument. Drs. Jonas and Kassebaum invited Rachael Anderson, chair of the task force, to work with the LCME as it continued its review and refinement process [5]. The goal of having AAHSL's direct participation in the creation of the library sec-

tion of the Institutional Self Study and Database was realized when the proposed revision was formally accepted in February 1990. Representing more than just acceptance by the LCME, this success was a critical benchmark in a growing recognition by the AAMC of AAHSL as a vital organization actively representing its constituency for the benefit of medical education.

Wayne Peay, AAHSL's first CAS representative and its twelfth president confirmed the association's willingness to adopt, as necessary, a flexible organizational posture as a key factor in its ultimate organizational acceptance and successes [6]. As an example of this organizational adeptness, AAHSL's initial governance model followed generally accepted committee structures with a prescribed limited term of service for its CAS representatives. The representatives and the board quickly realized that the key to participation in the AAMC's elected governance structure was based on a familiarity that would only be nurtured over time by representatives who had opportunities to (1) participate in CAS activities and (2) become well acquainted with the representatives from other CAS member societies. Thus, the automatic length of service limitation for CAS appointment and renewal was suspended.

While AAHSL immediately received a collegial welcome to the CAS, library issues were perceived to be different than traditional hot button topics like physician staffing, reimbursements, residency programs and status of foreign medical graduates, funding of graduate students in the biomedical sciences, and mergers of basic sciences departments. It became clear to the AAHSL Board that funding the active participation of both its representatives in CAS activities was the most effective way to improve the odds of raising the visibility of the AAHSL agenda. This investment has proved to be a fruitful strategy.

A decade of active participation in CAS yielded several significant milestones: (1) a CAS Spring Meeting workshop conducted by the AAHSL representatives discussing strategies for the integration of medical informatics in the undergraduate curriculum, (2) an invitation for Shelley Bader, Ed.D., to serve on the CAS Task Force on Faculty Scholarship, and (3) an invited editorial by Robert Braude, Ph.D., on the crisis in scholarly publication in the March/April 2001 *Academic Physician*. This editorial led to a major program presentation at a subsequent CAS spring meeting by Julia Blixrud, of ARL, on the critical issues in electronic publishing and *Create Change*, the new initiative to address faculty and library responses to the crisis in scholarly communication. The leadership exercised by library directors in the academic health sciences community was coming more clearly into focus.

AAHSL's active and growing involvement in programming and task forces led to the recognition that multidisciplinary societies should not be excluded from participation in CAS governance. The CAS had historically tried to maintain a balance of representation between basic science and clinical societies. As a first step in recognizing multidisciplinary societies as

part of the governance process, Bader was invited to serve on the nominating committee. Following an open nomination process, this committee puts forth a single slate of nominees for the CAS Administrative Board. In 2001, the CAS further demonstrated its willingness to move away from the strict allocation of board positions between basic science and clinical societies by accepting the nomination of Bader to the Administrative Board. Selected members of this board serve on the AAMC Executive Committee. It is not too far fetched to believe that, at some point in the twenty-first century, an AAHSL director, through representation on CAS and the AAMC Executive Council, will lead the AAMC assembly.

Group on Information Resources

AAHSL members have played a very active role in the development of the AAMC's newest group, the Group on Information Resources (GIR). AAHSL members were active in planning the special conference "Information Resources—An Integrating Strategic Asset in Academic Medicine," the precursor to the formation of the GIR. The purpose of the GIR, formed formally in 1998, is to provide a forum for individuals in relevant roles of leadership and responsibility to promote excellence in the application and integration of information resources in academic medicine. Each AAMC member institution was asked to name three representatives to the GIR, and, in many cases, the health sciences library director was one of the individuals identified as an information technology (IT) leader. AAHSL, as a CAS society, was also invited to name its own representative to the GIR. Thus, a number of AAHSL members have been active participants since the inception of the GIR, serving in leadership positions on the Steering Committee and the Program Committee. Participation and collaboration in this arena is critically important in this era of emerging or merging relationships between libraries and IT departments. Notably, the Matheson Lecture, an important feature of each AAMC annual meeting, is now officially cosponsored by AAHSL and the GIR.

The AAHSL and GIR Boards meet regularly to determine areas of joint interest and collaboration especially in the areas of statistics and leadership development. AAHSL members (Bader, Karen Brewer, and Carol Jenkins) serving on the GIR steering committee were invited to participate in a proposed revision and merger of the LCME library and IT self-study sections. While the proposal was not ultimately implemented, AAHSL can be confident it will be included in future revisions of relevant sections of the LCME self-study process. With years of experience in developing tools for reporting comparative statistics, AAHSL members Lynn Morgan and Braude played a central role in the design and development of the GIR's now annual medical school IT survey.

In 1998, the AAMC initiated its *better.health* project to support access to high-quality, authoritative health information and its continued commitment to helping medical schools and teaching hospitals use informa-

tion technology efficiently and effectively in achieving their missions. Numerous AAHSL members were engaged in the various phases of this two-year technology futures project. More recently, a joint working group from the GIR and AAHSL was appointed to assist the AAMC in finalizing the *better health* report.

Additional AAMC collaboration

Frequent communication and multiple avenues of collaboration exist between the AAMC and AAHSL. AAHSL officers meet with AAMC leadership to discuss mutual agendas. As relevant projects, like the Medical School Objectives Project, are developed, the AAHSL membership is invited to provide input. AAHSL, while a relatively small organization, has been able to achieve the recognition afforded other small traditional academic societies in the AAMC. This recognition in the AAMC and in the broader academic community positions AAHSL to be an active participant in all forthcoming developments in medical education and knowledge management. The AAMC has, for example, recently initiated several new projects aimed at developing faculty leaders especially focusing on essential skills for new departmental chairs. AAHSL, too, has identified leadership development as a critical area and, through its collaboration with the AAMC, is well positioned to take advantage of their future leadership programs.

AAHSL has, in its first quarter century, developed a very strong connection with the AAMC, while maintaining its own identity and independent programs. The appropriate recognition and participation of health sciences library directors in the academic landscape is certainly not in doubt.

RELATIONSHIP WITH THE MEDICAL LIBRARY ASSOCIATION (MLA)

During AAHSL's first decade, the need to clarify its role with respect to MLA was a recurring theme discussed by members. In 1982, AAHSL's instigator and first president, Gerald Oppenheimer (1977/78), responded to the question "Is the creation of AAHSL causing a splintering from MLA?" by saying,

I fail to see adverse results. On the contrary, it seems to me that it adds strength since, when we act in concert, we reinforce each other (e.g., as in legislative matters), but are unencumbered in our own actions by possible divisive interests which would be compromised in a closer relationship. [7]

This statement, in fact, accurately characterizes AAHSL/MLA collaboration. Three major areas define the formal collaboration between these two organizations during AAHSL's first twenty-five years: the development of *Challenge to Action*, the Joint MLA/AAHSL Legislative Task Force, and the coordination of the *JAMA* Journals Review columns.

Challenge to Action: Planning and Evaluation Guidelines for Academic Health Sciences Libraries

In 1965, a Joint Committee of the AAMC and MLA issued *Guidelines for Medical School Libraries* followed two years later by a special "AAMC Library Study Committee Report." By the late 1970s, these organizations and others were calling for revised guidelines to reflect the rapid changes occurring in libraries, and, in one of its first actions as a new association, AAHSL created its Committee on the Development of Standards and Guidelines in 1978. This effort eventually led in 1983 to the creation of the Joint Task Force to Develop Guidelines for Academic Health Sciences Libraries. The task force consisted of seven academic health sciences library directors and MLA's director of education, under the direction of Chair and Editor Erika Love, director of the Medical Center Library at the University of New Mexico. The product, *Challenge to Action*, and the process of creating it are described in detail elsewhere in this symposium. Published in 1987 by MLA, *Challenge to Action* is a blueprint to guide future library planning and evaluation. It suggests methods that libraries can use to create change but refrains from recommending prescriptive standards. NLM and the Council on Library Resources (CLR) provided financial support for the project. For fifteen years, *Challenge to Action* has served as a useful guide in an era of rapid change.

AAHSL promoted *Challenge to Action* heavily in its 1987 annual meeting program and sent copies to AAMC deans and medical education representatives and Association of Academic Health Centers representatives. It continued to explore how to collect and use data to validate the guidelines. It succeeded in revising the library survey data collected and the criteria for evaluating libraries during LCME accreditation, as described earlier. AAHSL's work with MLA and others to produce this critical reference document demonstrates all of the factors for successful collaboration.

Joint MLA/AAHSL Legislative Task Force

Although AAHSL's leaders had identified legislative advocacy as a key interest of their new organization from its inception, not until 1985 did the association decide to embark with MLA on developing a joint legislative agenda, and the Joint MLA/AAHSL Legislative Task Force was formed in that year to work with the associations' first professional Washington representative. MLA and AAHSL had actively collaborated in the legislative arena before that time, however. In 1981, AAHSL members were called into action by MLA to help lobby for the renewal of the Medical Library Assistance Act (MLAA); and MLA's Government Relations Committee chair provided a legislative update at AAHSL meetings.

The legislative agenda supported by the task force has always centered on maintaining appropriate funding levels for the National Library of Medicine, for NLM is a primary source of extramural funds available to health sciences libraries via MLAA and pro-

vides leadership for innovation addressing health sciences library and information needs. NLM's Director Donald Lindberg, M.D., and Deputy Director Kent Smith have acknowledged numerous times the beneficial impact on NLM of nearly two decades of advocacy from the task force.

The MLA/AAHSL partnership in legislative affairs has flourished and is chronicled in another article in this symposium. It is worth noting that the two associations share equally in member representation on the task force and in their financial contribution; and they alternate leadership. However, MLA now provides permanent staff support that is critical to the task force's ongoing success. From time to time, the question arises whether AAHSL's legislative interests could be better served by partnering with the AAMC rather than with MLA. So far, the present arrangement seems to be best for AAHSL. From its inception, AAHSL's leaders have met with the AAMC's governmental relations staff concerning library issues and concerns. They have linked their support to AAMC initiatives when appropriate, such as those of the Ad Hoc Coalition for Biomedical Research Funding. AAHSL's agenda relates more closely to MLA's, and AAHSL has capitalized on the potential to draw on the AAMC for support and to lend its support when needed.

JAMA Journal Review column

In 1989, AAHSL and MLA began planning a new venture to create evaluative reviews of new biomedical journals; the reviews would be published in *JAMA*. The first reviews, under the editorship of Dottie Eakin, appeared in *JAMA* along with an introductory editorial in January 1992. An initial advisory committee and the editor gathered a panel of librarian reviewers from MLA and AAHSL, who in turn identified physicians with whom they would coauthor reviews. In its first year, twenty-two reviews were published by fifteen librarians. Over the past decade, roughly two dozen reviews have been published each year [8]. The editorship passed to Jon Eldredge, Ph.D., University of New Mexico, in 1994 and to David Morse, University of Southern California, in 2000. The editors attempt to cover a broad scope of biomedical topics while adhering to guidelines for selection of journals to be reviewed.

MLA and AAHSL jointly manage and participate in this program. Initially, both associations developed criteria and guidelines for the editorship and a three-member advisory committee. Later, in 2000, AAHSL assumed responsibility for appointing the column editor with MLA's approval. The *JAMA* Journal Review column has gained widespread recognition and utility. A primary challenge is that many more new journals are published each year than can be reviewed, necessitating stringent selection criteria. This project is another example of successful collaboration to achieve a common goal.

Other examples of AAHSL/MLA collaboration could be noted. AAHSL's committees on information technology, economics of information, and education

and its leadership task force, to name some, have acknowledged the need to collaborate with MLA for maximum impact. Suffice it to say that AAHSL has remained sensitive to maintaining its niche. It has neither the resources nor the need to duplicate MLA's programs. AAHSL has strengthened the programs mentioned here by joining forces with MLA in the programs' accomplishment. The leaders of the two associations now meet at least annually to identify common issues.

RELATIONSHIP WITH THE NATIONAL LIBRARY OF MEDICINE

AAHSL's relationship with NLM dates from its earliest days. The AAHSL board met informally with NLM Director Martin Cummings, M.D., during their annual fall meetings. When Dr. Cummings expressed concern over the NLM fiscal appropriation in 1979, President Samuel Hitt provided the first AAHSL public witness testimony in support of NLM's budget before the House Appropriations Subcommittee the following March. This evolved into an ongoing NLM advocacy role through the Joint MLA/AAHSL Legislative Task Force that remains strong, as described above and in another article in this symposium.

The AAHSL Board and NLM director continued to meet annually and raised other issues of interest to both organizations. In 1985, NLM officially became an associate member of AAHSL, and NLM Director Lindberg invited AAHSL to nominate members to participate in NLM's strategic planning process. In all, nine AAHSL library directors and one hospital library director were distributed among five planning panels, including Nina Matheson, director of the Welch Medical Library at Johns Hopkins University, who also was a member of the Board of Regents at the time. Many more AAHSL members contributed as consultants to this planning process that resulted in a plan adopted by the NLM Board in 1986 [9].

AAHSL members have continued to play a visible role in successive NLM planning efforts. For instance, AAHSL and MLA urged NLM to appoint another planning panel to address the education and training needs of health sciences librarians to ensure that they are prepared to address the challenges of the rapidly changing health information and education environment. In 1993, following the publication of *Platform for Change* (MLA's educational policy statement), a panel chaired by Thomas Detre, University of Pittsburgh, was appointed, including five library directors recommended by AAHSL and MLA. AAHSL also prepared a "concept paper" for the NLM panel setting forth its key interests in librarian education and training. The panel's report was accepted by the Board of Regents in September 1994 and incorporated into NLM's Long Range Plan [10]. As a result of the report, NLM funded planning grants to several institutions and to MLA to develop new educational models. NLM also added an optional second year to its longstanding Associates Program. This program funds associate fel-

lows to spend an additional year onsite in an academic health sciences library to experience libraries' leadership and service roles in their institutions. NLM continues to support its informatics fellowship and training programs and to support the ALA Spectrum Scholarships to recruit minorities into health sciences librarianship, along with MLA.

AAHSL and NLM today collaborate around a number of common goals. Dialog between the two organizations is carried out at multiple levels involving the AAHSL officers and board, the Joint MLA/AAHSL Legislative Task Force, and individual members. In 1999, Betsy Humphreys, NLM's associate director for library operations, speaking at an AAHSL planning session, addressed the "intersecting agendas" of the two organizations [11]. Some of the intersections she mentioned included document delivery; health information for the public; digital libraries and the evolution of PubMedCentral, intramural and extramural research; Integrated Advanced Information Management Systems (IAIMS); copyright and licensing; the National Network of Libraries of Medicine program; recruitment, training, and leadership development of librarians; health data policy; and more. Innovation in many of these areas has occurred through the efforts of individual AAHSL libraries and at the association level. In 2001, NLM provided partial financial support to allow AAHSL libraries to pilot test ARL's LibQual+ survey in their institutions. This survey will potentially give AAHSL libraries another assessment tool for improving their performance and gauging their value in their institutions. Just announced in 2002 was NLM's agreement to provide substantial funding for AAHSL's new Mentoring Program as part of its Leadership Initiative.

RELATIONSHIP TO ASSOCIATION OF RESEARCH LIBRARIES

AAHSL has a longstanding interest in collaboration with ARL. The possibility of a more formal affiliation was discussed by at least one AAHSL Board in 1981 but was not pursued. In 1989, the two associations agreed to link certain data elements collected for the AAHSL *Annual Statistics* with those collected by ARL, for comparison purposes. AAHSL maintains its goal of avoiding duplicate data collection where possible. The associations have also collaborated on a shared legislative agenda. For example, in 1993, they joined with other organizations in support of fair use copying rights in the landmark *Texaco v. American Geophysical Union* case. ARL and AAHSL have continued to collaborate in other efforts primarily focused on intellectual property concerns. In 1998, AAHSL offered the ARL Licensing Workshop to its members, and Karen Butter represented AAHSL on a project with ARL and other organizations to develop the "Principles for Licensing Electronic Resources." In 2000, AAHSL became an affiliate member of the Scholarly Publishing and Academic Resources Coalition (SPARC), an alliance organization initiated by ARL devoted to ex-

panding competition in scholarly publications, especially in science, technology, and medicine. AAHSL continues to support SPARC's "Create Change" program, which has been presented to AAHSL members as well as to CAS members. Most recently AAHSL and ARL collaborated on the LibQual+ Project and on the Leadership Initiative as reported above. The two associations have common interests in assessment, future library leadership development, and scholarly communication that can be effectively addressed through continued collaboration well into the future.

RELATIONSHIPS TO OTHER GROUPS

AAHSL has explored formal and informal relationships with various other groups in its short history. Once AAHSL had been accepted for membership to CAS, President Matheson suggested it consider relating to other organizations having shared goals. During her presidency, AAHSL became a cosponsor of the Symposium on Computer Applications in Medicine (SCAMC), bringing a reduced registration fee to AAHSL members who attended that meeting and signaling "an intent and ability to participate and contribute to the field" [12]. SCAMC later became the American Medical Informatics Association (AMIA). Interest in informatics linkages increased after NLM introduced funding for IAIMS projects, and the IAIMS Consortium began to meet in conjunction with AMIA. Library directors have served on the boards of these groups and have participated in programs at their annual meetings. In 1998, AAHSL and AMIA collaborated on a policy statement on the regulation of computer software by the Food and Drug Administration.

During 1996/97, Roger Guard, Ralph Arcari, Ph.D., and Thomas Basler, Ph.D., worked with the Health Summit Working Group that developed "Criteria for Assessing the Quality of Health Information on the Internet," later endorsed by AAHSL. For several years, AAHSL was a dues-paying member of the Coalition for Networked Information (CNI) but discontinued its membership in 1994, deciding that its interests were represented adequately by individual institutional members.

CONCLUSION

This is not an exhaustive account of the organizations with which AAHSL has collaborated over the past twenty-five years. However, it should indicate the critical importance of collaboration to AAHSL's success in achieving its mission of improving academic health sciences libraries, enhancing the health sciences education environment in which they operate, and demonstrating their importance in academic health centers. AAHSL's first leaders recognized the importance of creating a strong presence in the AAMC and persevered until that goal was achieved. They also recognized the need for AAHSL to stand on its own as an independent organization free to pursue partnerships with other organizations having similar goals. During

its brief history, AAHSL has earned recognition and respect in the AAMC and among an impressive roster of other organizations. In some well-chosen collaborations, AAHSL has applied leadership, vision, and good strategy to serve the needs of its member libraries. It is extremely well positioned to continue playing an influential role in shaping the future of the academic health information environment in the twenty-first century.

Note on naming: In 1978, the Association of Academic Health Sciences Library Directors (AAHSLD) was incorporated. In 1996, in response to IRS requirements, AAHSLD formed a new organization to carry on its work, under the name Association of Academic Health Sciences Libraries (AAHSL). In this article, unless otherwise stated, the newer name is intended to refer to the organization throughout its history.

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